

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>001128</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>07/21/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>FRIENDS FELLOWSHIP COMMUNITY</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2030 CHESTER BLVD RICHMOND, IN 47374</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	<p>INITIAL COMMENTS</p> <p>This visit was for a State Licensure Survey. This visit included a State Residential Licensure Survey</p> <p>Survey Dates: July 20, and 21, 2016</p> <p>Facility number: 001128 Provider number: N/A AIM number: N/A</p> <p>Census bed type: NCC: 55 Residential: 105 Total: 160</p> <p>Census Payor type: Other: 160 Total: 160</p> <p>Friends Fellowship Community was found to be in compliance with 410 IAC 16.2-3.1 in regard to the State Licensure Survey.</p> <p>Quality review completed by 30576 on July 25, 2016</p>	S 000		
R 000	<p>INITIAL COMMENTS</p> <p>This visit was for a State Residential Licensure Survey.</p> <p>Residential Census: 105</p> <p>Sample: 5</p> <p>Friends Fellowship Community was found to be in compliance with 410 IAC 16.2-5 in regard to the State Residential Licensure Survey.</p>	R 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



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NAME OF PROVIDER OR SUPPLIER  <b>FRIENDS FELLOWSHIP COMMUNITY</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2030 CHESTER BLVD RICHMOND, IN 47374</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R 000	Continued From page 1  Quality review completed by 30576 on July 25, 2016	R 000			